

# INTERNATIONAL CIRCUMPOLAR SURVEILLANCE

## Guide to the “Bacterial Disease Surveillance Form” (BDSF)



### For the Yukon and Northwest Territories and Labrador

The International Circumpolar Surveillance (ICS) is a jointly funded Canadian/US (LCDC and CDC) surveillance beginning in 1999 for several communicable diseases in the arctic region. The BDSF form is designed to collect information pertaining to invasive *S. pneumoniae*, *H. influenzae*, *N. meningitidis* and Group A Streptococcus for the ICS. In general, the BDSF will be completed by the regional public health authorities upon their notification of a case by an ICS participating lab. The completed BDSF should be forwarded to the ICS Co-ordinator at the Arctic Investigations Program (AIP) **by fax** (907)-729-3429, **AND by mail** to the ICS Co-ordinator, Arctic Investigations Program, 4055 Tudor Centre Drive, Anchorage, Alaska, USA 99508. The original should be kept in an ICS file by the regional public health authorities.

#	What Appears on Form	Description
1	Organism	Name of organism being reported (Only invasive cases of <i>S. pneumoniae</i> , <i>N. meningitidis</i> , <i>H. influenzae</i> , Group A Streptococcus)
2	[Personal Health Number]	This is the unique provincial or territorial health plan identification number for the case.
3	NCS Accession #	Accession number for National Centre for Streptococcus (Edmonton).
4	Information source: 1=Identified at a local participating lab and sent to NCS 2=Annual lab mail-out 3=Onsite lab log review [codes 4 and 5 pertinent to Alaska only] 6=Other	This refers to how the isolate first came to attention of the ICS: (1) Most cultures are received at NCS from participating local labs . (2) Annually, each participating lab is asked to check their records and report any cases missed during the year. (3) Sometimes an on-site review of the lab log is made to detect overlooked isolates. (6) a case may be identified by other means such as from the list of meningitis cases, and/or death certificate data. [codes 4 and 5 are missing intentionally]
5	Chart Review Status (Choose one category): 0=Not done 1=No chart info available 2=Partial chart information available 3=[code pertinent to Alaska only] 4=Phone <b>5=Other on-site health care worker</b> <b>6=Territory (or provincial) Dept. of Health staff</b> 7=No chart review required	Chart review status: This refers to who <u>actually looked at</u> the chart. Most are categories 5 and 6. 0=case chart was never reviewed 1=No information on the pertinent episode was available in the medical records 2=Information available only from one clinical care institution [#3 is missing intentionally] 4=BDSF information gathered by phone (ie. The chart was <b>not</b> seen by the person completing the BDSF) 5=Chart reviewed and BDSF completed by on-site health care worker 6=Chart reviewed <b>and</b> BDSF completed <u>by regional public health staff</u> 7=Chart review not required

#	What Appears on Form	Description
6	Case Status: 0=Not Case 1=Sterile Site is Culture Positive 2=PCR+ 3=Antigen+	A case of invasive <i>Streptococcus pneumoniae</i> is defined as an individual from whom there has been isolation (culture) of <i>S. pneumoniae</i> from a normally sterile site (blood, CSF, pleural fluid, etc). An individual whose CSF was antigen+ (ie., Directogen+) or PCR+ also would be considered a case even if isolation from blood or CSF were not achieved.
7	Name: (last, first, initial)	Name of the case. This information must be blacked out before the form is submitted to AIP.
8	Birthdate	Date of birth of the case (dd/mm/yyyy). Please enter all four digits of the year of birth.
9	Sex (M or F)	Gender, <u>m</u> ale or <u>f</u> emale
10	Ethnicity 01=Inuit 03=Métis 02=First Nations 04=Non-aboriginal	Ethnicity information must be sought by the person completing the BDSF. The ethnic designations are Inuit, First Nations, Metis, and Non-aboriginal
11	Town or Village	Name of the village or town of residence. [Subsequently this is coded at AIP as a number during data entry.]
12	Postal Code	Enter the postal code for the village of residence of the case.
13	Medical Facility	Name of the hospital or clinic at which the positive specimen was collected
14	Medical Record #	Chart number at hospital or clinic named in #14
15	Admitted on	For this illness, date (dd/mm/yy) admitted or seen as an outpatient at the institution named in #14
16	Check here if seen only as an outpatient__	Check here ( <input type="checkbox"/> ) if the case was seen at a clinic or hospital emergency room but was <i>not</i> admitted.
17	Transferred?	Indicate whether the case was transferred from the initial institution to one or more other institution(s).
18	Date of transfer (dd/mm/yy)	Enter date of transfer from initial facility to subsequent transfer facility(ies)
19	Transfer Facility Name	Name of facility(ies) to which the case was transferred
20	Chart Number	Chart number at new facility(ies)

#	What Appears on Form	Description
21	<u>Final</u> Discharge on (dd/mm/yy)	Date on which the case was discharged from the final facility. If the case was seen only as an outpatient this should be the same as the date as was entered in #14. If the case died during this illness, this will be the date of death (same as item #27 below)
22	Source of Positive Specimen(s)	Source of the specimen(s) which were positive for this case (eg. blood, CSF, other site)
23	Date Collected	Ensure that this is the date that the indicated positive specimen was <b>collected from the case</b> (dd/mm/yy), as indicated on the lab report. If “date collected” is not available, please give the date of the first <i>S. pneumoniae</i> positive test result.
24	Submitting Lab’s Accession Number	Specimen intake number assigned at the first lab to accession the specimen
25	Discharge Diagnoses ( <i>Check (I ) all diagnoses attributed to the organism reported in (1)</i> )	From the discharge summary, the patient care notes, and/or the admission note, check (I ) all diagnoses thought to be caused by the organism reported in (1). “Other” conditions should be specified in the space provided.
26	Other Concurrent Infectious Illnesses ( <i>List</i> )	List other infectious conditions mentioned in the discharge summary, the patient care notes, and/or the admission note, but <b>not</b> known to be related to the organism in (1), eg. Otitis media, pharyngitis, UTI, etc.,
	AIP use only: ICD_____ ICD_____	Leave blank. AIP enters the ICD disease codes for conditions listed in (26).
27	Death During Present Illness?	Indicate whether the individual died during the present illness.
28	Date of Death (dd/mm/yy)	Enter the date on which the individual died.
29	Other factors noted from the chart(s): ( <i>Check (I ) as many factors as apply to this case</i> )	Indicate which risk factors <i>existing at the time of illness</i> are mentioned anywhere in the chart or from other medical sources
30	Immunization history ( <i>Complete only for the organism entered in (1) above</i> ).	From any source of information (eg. clinic or hospital chart, physician’s office), enter the immunization history pertinent to the organism named in (1).
31	Reviewer	Name of person completing this form

#	What Appears on Form	Description
32	Phone #	Reviewer's contact phone number with (area code)
33	Date completed (dd/mm/yy)	Date on which all the information was completed
34	Additional comments? ___ Yes ___ No (please write them on the back of this form)	Note any information which may be pertinent to this case but is not yet recorded
35	Review Complete? Y=yes	Insert a "Y" when all data elements have been completed as far as possible

***Further clarification required? Please contact the ICS co-ordinator at :***

***CDC-Arctic Investigations Program,  
4055 Tudor Centre Drive,  
Anchorage, Alaska  
USA 99508***

***Phone: (907)-729-3400  
Fax: (907)-729-3429.***

